

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INSTRUCTIONS FOR CLINICAL SUPERVISOR APPLICATION**

CREDENTIALING AND EDUCATION REQUIREMENTS:

Clinical Supervisor-in-Training

- Must hold a current certification as a Clinical Substance Abuse Counselor
or
- Be a Professional Counselor, Marriage and Family Therapist, or Social Worker holding a credential under Wis. Stat. § 457 at the master's level or higher with the specialty authorization under Wis. Admin. Code § MPSW 1.09.
- Verification of completion of 2,000 hours of patient counseling experience performing the 8 practice dimensions as a Clinical Substance Abuse Counselor, supervised as described on (**Form #2777**), within 5 years immediately preceding the date of application. The 2,000 hours shall include 200 hours in direct, face-to-face substance abuse patient counseling. **Experience in excess of 40 hours per week or 2,000 hours per year will not be accepted.**

Intermediate Clinical Supervisor

- Must hold a current certification as a Clinical Substance Abuse Counselor and a Clinical Supervisor-in-Training
or
- Be a Professional Counselor, Marriage and Family Therapist, or Social Worker holding a credential under Wis. Stat. § 457 at the master's level or higher with the specialty authorization under Wis. Admin. Code § MPSW 1.09.
and
- Submit verification of 30 hours of classroom training in clinical supervision - this shall include a minimum of 6 hours of training in each of the following domains:
 - Assessment or evaluation
 - Counselor development
 - Management or administration
 - Professional responsibility

Educational Equivalencies: Successful completion of education resulting in a degree in a behavioral science field with an addiction emphasis or concentration from an accredited program shall be used to satisfy, in part, the experience requirement. The possession of the following degrees shall be exchanged for experience at the following rate:

- Associate degree will equal 500 hours of supervised experience
 - Bachelor degree will equal 1,000 hours of supervised experience
 - Master or doctoral degree will equal 2,000 hours of supervised experience
- Verification of one-year clinical supervisory experience as the supervisor of counselors certified under Wis. Admin. Code § SPS 161 or under Wis. Admin. Code § MPSW 1.09, **must hold CSIT supervisory credential to gain experience (Form #2778)**. Beginning December 15, 2009, the applicant's supervisory experience shall be supervised by an Intermediate Clinical Supervisor, Independent Clinical Supervisor, physician, or psychologist who practices as a substance abuse clinical supervisor within the scope of his or her license. The applicant's supervisory experience shall include the provision of 200 contact hours of face-to-face clinical supervision.
- Verification of completion of 2,000 hours of patient counseling experience performing the 8 practice dimensions as a Clinical Substance Abuse Counselor, supervised as described on (**Form #2777**), within 5 years immediately preceding the date of application. The 2,000 hours shall include 200 hours in direct, face-to-face substance abuse patient counseling. **Experience in excess of 40 hours per week or 2,000 hours per year will not be accepted.** The hours referred to in this section shall include 200 hours in direct, face-to-face substance abuse patient counseling.

Wisconsin Department of Safety and Professional Services

Independent Clinical Supervisor

- Must hold a current certification as a Clinical Substance Abuse Counselor and a Clinical Supervisor-in-Training **or**
- Be a Professional Counselor, Marriage and Family Therapist, or Social Worker holding a credential under Wis. Stat. § 457 at the master's level or higher with the specialty authorization under Wis. Admin. Code § MPSW 1.09. **and**
- Submit verification of 30 hours of classroom training in clinical supervision - this shall include a minimum of 6 hours of training in each of the following domains:
 - Assessment or evaluation
 - Counselor development
 - Management or administration
 - Professional responsibility

Educational Equivalencies: Successful completion of education resulting in a degree approved by the Department in a field with an addiction emphasis or concentration from a clinical program approved by the Department in a field that may be used to satisfy, in part, the experience requirement. The possession of the following degrees shall be exchanged for experience at the following rate:

- Associate degree will equal 1,000 hours of supervised experience
 - Bachelor degree will equal 2,000 hours of supervised experience
 - Master or doctoral degree will equal 4,000 hours of supervised experience
- Verification of 2-years clinical supervisory experience as the supervisor of counselors certified under Wis. Stat. § 161 or Wis. Admin. Code § MPSW 1.09, **must hold CSIT supervisory credential to gain experience (Form #2778)**. Beginning December 15, 2009, the applicant's supervisory experience shall be supervised by an Intermediate Clinical Supervisor, Independent Clinical Supervisor, physician, or psychologist who practices as a substance abuse clinical supervisor within the scope of his or her license. The applicant's supervisory experience shall include the provision of 200 contact hours of face-to-face clinical supervision.
 - Verification of completion of 10,000 hours of counseling experience within a period of no less than 5-years. This experience shall include at least completion of 2,000 hours of patient counseling experience performing the 8 practice dimensions as a Clinical Substance Abuse Counselor, supervised as described on (**Form #2777**), within 5-years immediately preceding the date of application. The 2,000 hours shall include 200 hours in direct, face-to-face substance abuse patient counseling. **Experience in excess of 40 hours per week or 2,000 hours per year will not be accepted.**

Independent Clinical Supervisor license may be granted reciprocity if an applicant holds a credential from a state whose requirements are substantially equivalent to the current Wisconsin requirements (**Form #2786**).

National ICRC Clinical Supervision Examination:

- Applicants must apply for the credential and have completed all education requirements.
- If applicant has already taken the ICRC examination with a passing score, that score will be accepted if sent directly to DSPS from ICRC. Contact ICRC directly at (717) 540-4457.
- Applicants must live or work in the state of Wisconsin 51% or more of the time.

Wisconsin Statutes and Rules Examination:

- The Department will provide applicants an ID and password once the application and fees are received and reviewed.
- The Wisconsin Statutes and Administrative Rules can be obtained from the Department website at <http://dsps.wi.gov>.

To view the status of your application, visit the Department website at <http://online.drl.wi.gov/ApplicationStatus/CredentialApplicationStatus.aspx>.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR CLINICAL SUPERVISOR

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

Mailing Address (if different)

Date of Birth

Social Security #

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity:

☐ White, not of Hispanic origin

☐ American Indian or Alaskan

☐ Hispanic

☐ Black, not of Hispanic origin

☐ Asian or Pacific Islander

☐ Other

Sex:

☐ M ☐ F

Have you ever been licensed in Wisconsin?

☐ Yes ☐ No

If yes, list your credential number:

Do you live or work in the state of Wisconsin 51% or more of the time?

☐ Yes ☐ No

(This only applies to ICS-Independent Clinical Supervisor Certification.)

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **CSIT Certification** (Clinical Supervisor-in-Training)
\$ 75.00 Initial Credential Fee
\$ 75.00 State Law Exam
\$ 150.00 Total Fee Attached
- ☐ **ICS Certification** (Intermediate Clinical Supervisor)
\$ 75.00 Initial Credential Fee
\$ 75.00 Wisconsin Statute and Rules Exam Fee (This fee is not required if you have already taken and passed this exam for another substance abuse credential.)
\$ 115.00 ICRC Written Exam Fee (not required if passed)
\$ 265.00 Total Fee Attached
- ☐ **ICS Certification** (Independent Clinical Supervisor)
\$ 75.00 Initial Credential Fee
\$ 75.00 Wisconsin Statute and Rules Exam Fee (This fee is not required if you have already taken and passed this exam for another substance abuse credential.)
\$ 115.00 ICRC Written Exam Fee (not required if passed)
\$ 265.00 Total Fee Attached
- ☐ **Conviction and Pending Charges Additional Fee** (This fee only applies if (Form #2252) is applicable.)
\$ 8.00 CIB Credential Fee
\$ 8.00 Total Fee Attached

For Receipting Use Only (133/134/135)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Clinical Supervisor-in-Training

- Application (**Form #2744**) and appropriate fee
- Wisconsin Statutes and Rules Examination
- Employment Verification (**Form #2779**)
- Affidavit regarding Supervised Counseling Experience Form (**Form #2777**)
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Intermediate Clinical Supervisor

- Application (**Form #2744**) and appropriate fee
- Wisconsin Statutes and Rules Examination
- International Certification and Reciprocity Consortium (ICRC) clinical supervisor examination taken through DSPS, WCB, or other certifying agency
- Affidavit regarding Supervised Counseling Experience Form (**Form #2777**)
- Affidavit regarding Supervisory Experience Form (**Form #2778**)
- Education and Training Form (**Form #2776**)
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Independent Clinical Supervisor

- Application (**Form #2744**) and appropriate fee
- Wisconsin Statutes and Rules Examination
- International Certification and Reciprocity Consortium (ICRC) clinical supervisor examination taken through DSPS, WCB, or other certifying agency
- Affidavit regarding Supervised Counseling Experience Form (**Form #2777**)
- Affidavit regarding Supervisory Experience Form (**Form #2778**)
- Education and Training Form (**Form #2776**)
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

CURRENT WISCONSIN SUBSTANCE ABUSE COUNSELING CREDENTIAL: To obtain certification you must hold a Clinical Substance Abuse Counselor certification or a substance specialty at the master's level or higher.

Choose one of the following:

☐ I hold a Clinical Substance Abuse Counselor (CSAC).

WI Credential #: -

☐ I hold a substance abuse specialty pursuant to Wis. Admin Code § MPSW 1.09 at the master's level or higher in the following profession:

WI Credential #: -

☐ Advanced Practice Social Work (APSW)

WI Credential #: -

☐ Independent Social Worker (ISW)

WI Credential #: -

☐ Licensed Clinical Social Worker (LCSW)

WI Credential #: -

☐ Marriage and Family Therapist (MFT) or Marriage and Family Therapist-in-Training

WI Credential #: -

☐ Professional Counselor (PC) or Licensed Professional Counselor-in-Training

WI Credential #: -

Note: A Social Worker Certification (CSW) or Social Work Training Certificate (SWTC) does not qualify towards the requirement for clinical supervisor certification.

Wisconsin Department of Safety and Professional Services

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license, certification, registration or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 650px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 650px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in Wisconsin Statutes? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

#2744 (Rev. 1/16)

Ch. 440. Stats.